

CHAPTER 136**MEDICAL ASSISTANCE INCOME TRUST EXPENDITURES***H.F. 397*

AN ACT relating to the expenditures allowable from medical assistance income trusts.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. Section 633C.3, subsection 1, Code 2007, is amended to read as follows:

1. Regardless of the terms of a medical assistance income trust, if the beneficiary's total monthly income is less than the average statewide charge for nursing facility services to a private pay resident of a nursing facility, then, during the life of the beneficiary, any property received or held by the trust shall be expended only as follows, as applicable, and in the following order of priority:

a. A reasonable amount may be paid or set aside each month for necessary expenses of the trust, not to exceed ten dollars per month without court approval.

b. From the remaining principal or income of the trust, ~~an amount sufficient to bring the beneficiary's available income up to three hundred percent of the benefit for an individual under the federal supplemental security income program shall be paid to or otherwise made available to the beneficiary on a monthly basis, to be counted as income or a resource in determining eligibility for medical assistance under chapter 249A~~ amounts may be paid for expenses that qualify as required deductions from income pursuant to 42 C.F.R. § 435.725(c) or 435.726(c) for purposes of determining the amount by which medical assistance payments under chapter 249A for institutional services or for home and community-based services provided under a federal waiver will be reduced based on the beneficiary's income.

c. If the beneficiary is an institutionalized individual ~~or receiving home and community-based services provided under a federal waiver~~, the remaining principal or income of the trust shall be paid directly to the provider of institutional care or home and community-based services, on a monthly basis, for any cost not paid ~~by the beneficiary from the beneficiary's available income under paragraph "b"~~, to reduce any amount paid as medical assistance under chapter 249A.

d. Any remaining principal or income of the trust may, at the trustee's discretion or as directed by the terms of the trust, be paid directly to providers of other medical care or services that would otherwise be covered by medical assistance, paid to the state as reimbursement for medical assistance paid on behalf of the beneficiary, or retained by the trust.

Approved May 9, 2007

CHAPTER 137**REGULATION OF ENTITIES
OR SERVICES BY THE COMMISSIONER OF INSURANCE***H.F. 499*

AN ACT relating to various matters under the purview of the insurance division of the department of commerce including workers' compensation self-insurance, premium taxes, the uniform securities Act, powers and duties of the insurance division, regulation of insurance sales to military personnel, domestic insurance companies, life insurance companies, nonprofit health service corporations, external review of health care coverage decisions, investment limitations on insurers other than life insurers, property and casualty insurers' reserves, motor vehicle service contracts, county and state mutual associations, reciprocal or interinsurance contracts, protected cell companies, licensing of insurance producers and public adjusters, and life and fire insurance company boards of directors, and providing penalties.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. Section 87.11, Code 2007, is amended to read as follows:

87.11 RELIEF FROM INSURANCE — PROCEDURES UPON EMPLOYER'S INSOLVENCY.

1. a. When an employer coming under this chapter furnishes satisfactory proofs to the insurance commissioner of such employer's solvency and financial ability to pay the compensation and benefits as by law provided and to make such payments to the parties when entitled thereto, or when such employer deposits with the insurance commissioner security satisfactory to the insurance commissioner as guaranty for the payment of such compensation, such employer shall be relieved of the provisions of this chapter requiring insurance; but such employer shall, from time to time, furnish such additional proof of solvency and financial ability to pay as may be required by such insurance commissioner. Such security shall be held in trust for the sole purpose of paying compensation and benefits and is not subject to attachment, levy, execution, garnishment, liens, or any other form of encumbrance. However, the insurance commissioner shall be reimbursed from the security for all costs and fees incurred by the insurance commissioner in resolving disputes involving the security. A political subdivision, including a city, county, community college, or school corporation, that is self-insured for workers' compensation is not required to submit a plan or program to the insurance commissioner for review and approval.

b. If an approved self-insured employer discontinues its self-insured status or enters bankruptcy proceedings, the self-insured employer or its successor in interest, may petition the commissioner of insurance for release of its security. The commissioner shall release the security upon a finding of both of the following:

(1) The employer has not been self-insured pursuant to this chapter for at least four years.

(2) Ten years have elapsed from the date of the last open claim, claim activity, or claim payment involving the self-insured employer or its successor in interest, whichever is later.

c. The commissioner shall release the security upon a finding that a self-insured employer presents acceptable replacement security.

2. An employer seeking relief from the insurance requirements of this chapter shall pay to the insurance division of the department of commerce the following fees:

1. a. A fee of one hundred dollars, to be submitted annually along with an application for relief.

2. b. A fee of one hundred dollars for issuance of the certificate relieving the employer from the insurance requirements of this chapter.

3. c. A fee of fifty dollars, to be submitted with each filing required by the commissioner of insurance, including but not limited to the annual and quarterly financial statements, and material change statements.